2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N03000011001

Entity Name: NEIGHBORHOOD LENDING PARTNERS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

3615 W SPRUCE STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3615 W SPRUCE STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 56-2435240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAINNIE, WARD
Address: 4655 SALISBURY ROAD, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: P ( ) Delete
Name: BROWN, DOUGLAS B
Address: 760 RIVERSIDE AVE., SUITE 255
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VC ( ) Delete
Name: DOUGLAS, ALAN
Address: 601 REID STREET
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Delete
Name: INSEL, CARL
Address: 10328 DEERWOOD PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: C ( ) Delete
Name: SIDES, REID
Address: 822 A1A NORTH, STE 100
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: P (X) Delete
Name: REYES, DEBRA
Address: 4116 WEST MCKAY AVENUE
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: REYES, DEBRA
Address: 4116 WEST MCKAY AVE
City-St-Zip: TAMPA, FL 33609 US

Title: VC (X) Change ( ) Addition
Name: KAMIENSKI, CHRIS
Address: 100 SOUTHPARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A. RIVAS CFO 03/17/2009

Electronic Signature of Signing Officer or Director — Date